



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 51 Toole			District: 0903 Sunburst K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
2	1749	No	PARKER, LINDA	1.75	_____
2	1750	No	RAULSTON, RICK	1.50	_____
2	1751	No	Roark, Tina	1.95	_____
2	1752	No	SIMONS, JOE P	0.25	_____



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Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
51 Toole			0910 Shelby Elem		Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
14	1730	No	FRETHEIM, JOE & ANNA	1.75	_____
14	1731	No	GARDIPEE, EDWARD & SHIRLEY	3.50	_____
14	1732	No	HELLINGER, DANA	5.50	_____
14	1733	No	HENKE, ARLENE	2.50	_____
14	1734	No	PADILLA, MICHELLE	1.00	_____
14	1735	No	UNDERDAHL, PENNY	3.50	_____
14	1736	Yes	WANKEN, TROY & LOU ELLEN	0.48	_____
14	1737	Yes	FENGER, TIM & GAYLE	3.75	_____
14	2376	No	Henke, Arlen	3.25	_____



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51 Toole		0911 Shelby H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
14	1736	Yes	WANKEN, TROY & LOU ELLEN	0.47	_____
14	1737	Yes	FENGER, TIM & GAYLE	3.75	_____
14	1738	No	ALBRIGHT, JERRY	4.85	_____
14	1739	No	LARSEN, JOE R	2.50	_____
14	1740	No	SISK, LORE	1.50	_____
14	2133	No	LARSON, EDWARD & FLORENCE	0.75	_____